



Small School – Big Heart

THRESHOLD ACADEMY ACADEMIC SCHOLARSHIP

Annually, a \$500 Threshold Academy Academic Scholarship for postsecondary training is awarded to a graduating high school senior who attended elementary school at Threshold Academy. If adequate funding and interested applicants are identified, additional scholarships may be awarded.

Please complete the attached scholarship application in its entirety. Awards will be granted based on need, academic status, all-around performance, etc.

Forward your completed application to:

Lori Johnson
President
c/o EightCAP, Inc.
5827 Orleans Rd
Orleans, MI 48865-8603

Applications must be received no later than

Friday, May 3, 2024.



Threshold Academy Academic Scholarship Application



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APPLICANT INFORMATION			
Last Name:	First:	M.I.:	Date:
Street Address:		Apartment/Unit #:	
City:	State:	ZIP:	
Phone:	E-mail Address:		
FAMILY INFORMATION			
Father's Name:		Mother's Name:	
Occupation:		Occupation:	
Other family members and their ages:			
Are any other family members presently attending college? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, where?			
EDUCATION			
How long did applicant attend Threshold Academy? From: To:			
High School:		From: To:	GPA:
FUTURE PLANS			
Current Career Plan:			
College or institution you plan to attend:		Have you been accepted? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you been working while attending High School? Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, where?	
Do you have employment for this summer? Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, where?	
How do you expect to finance your education/training beyond a Threshold Academy Academic Scholarship?			
Please list any financial assistance you have received or have applied for:			

YOUR EXPERIENCES

List your High School Extra-Curricular Activities:

List your Volunteer or Community Service Activities:

REFERENCES

Please list three character references (other than family members):

Full Name:	Relationship:
Occupation:	Phone: ()
Address:	
Full Name:	Relationship:
Occupation:	Phone: ()
Address:	
Full Name:	Relationship:
Occupation:	Phone: ()
Address:	

OTHER INFORMATION

Please provide a Threshold Academy memory or indicate how Threshold Academy prepared you for your future.

